

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 23 PM 12:30

DOCUMENT # *085-000 100 884*

1. Corporation Name

Best Pavers, Inc

2. Principal Office Address - No P.O. Box #

391 112th ave n

Suite, Apt. #, etc.

1108

City & State

St Petersburg, FL

Zip

33716

Country

USA

3. Mailing Office Address

391 112th ave n

Suite, Apt. #, etc.

1108

City & State

St Petersburg, FL

Zip

33716

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

July 19, 2005

5. FEI Number

203166357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edgar Leonardo Souza da Silva

Street Address (P.O. Box Number is Not Acceptable)

391 112th ave n

Suite, Apt. #, Etc.

1108

City

St Petersburg

State

FL

Zip Code

33716

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Edgar Silva

REGISTERED AGENT MUST SIGN

Date *10/21/09*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Edgar Silva	391 112th ave N 1108	St Petersburg, FL 33716

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Edgar Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/09

Date

Daytime Phone #